Assistance Agreement

USAID Assistance Agreement No. 641-007

ASSISTANCE AGREEMENT

BETWEEN THE

UNITED STATES OF AMERICA

AND

THE REPUBLIC OF GHANA

FOR

INVESTING IN PEOPLE: HEALTH

Assistance Agreement
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ASSISTANCE AGREEMENT

Dated: _____

Between

The United States of America, through the United States Agency for International Development ("USAID")

and

The Republic of Ghana (the "Grantee"), through the Ministry of Finance and Economic Planning

Article 1: Purpose.

The purpose of this Assistance Agreement (the "Agreement") is to set out the understanding of the parties named above (the "Parties") in connection with the Objective described below. This Agreement replaces Strategic Objective Agreement for Strategic Objective Number 7, Improved Health Status (SOAG No. 7) 641-007, dated September 15, 2003, as amended, in its entirety.

Article 2: Functional Objective, Program Areas and Program Elements.

Section 2.1. **Functional Objective, Program Areas.** In order to further the foreign assistance objective of Investing in People (the "Functional Objective") articulated by the Government of the United States of America under the Strategic Framework for United States Foreign Assistance, the Parties hereto agree to work together by focusing on activities in the area of Health and Education (the "Program Areas,") and, together with the Functional Objective, (the "Objective").

Section 2.2. **Program Elements.** In order to achieve the Objective, the Parties agree to work together to: improve delivery of health service at the community, district, and regional levels, including interventions to encourage positive behavior change, improve the quality of service delivery and strengthen health systems within each of the eight following Program Elements: HIV/AIDS, Tuberculosis (TB), Malaria, Maternal and Child Health, Family Planning and Reproductive Health, Water Supply and Sanitation, and Nutrition, and Higher Education (collectively, the "Program Elements.") The performance indicators by which progress toward achievement of these Program Elements will be measured are described in Annex 1 to this Agreement, the Amplified Description, which is attached to and forms part of this Agreement. Within the limits of the definition of the Functional Objective and Program Areas in Section 2.1, this Section 2.2 may be changed by written agreement of the authorized representatives of the Parties without formal amendment of this Agreement.

Section 2.3. **Annex 1, Amplified Description.** Annex 1, attached, amplifies the above Objective and describes the Program Elements, Program Sub-Elements and Indicators that will be used to measure the progress and achievement in each of the Program Areas. Within the limits of the definition of the Functional Objective set forth in Section 2.1, Annex 1 may be changed by written agreement of the authorized representatives of the Parties without formal amendment of this Agreement.

Article 3: **Contributions of the Parties.**

Section 3.1. **USAID Contribution.**

(a) The Grant. To help achieve the Objective set forth in this Agreement, USAID pursuant to the Foreign Assistance Act of 1961, as amended, hereby grants to the Grantee under the terms of this Agreement an amount of Two Hundred and Forty Eight Million Nine Hundred Seventy Eight Thousand and Ninety Seven United States ("U.S.") Dollars ($248,978,097). One Hundred Seventy-Five Million Eight Hundred Eighty-Three Thousand, Nine Hundred and Fifty-Three U.S. Dollars ($175,883,953) of this amount has been contributed and obligated directly through or in support of SOAG No. 7. Forty-Six Million One Hundred and Sixty-One Thousand Nine Hundred and Twenty-Two U.S. Dollars ($46,161,922) will be obligated directly under this Agreement. The remaining Twenty-Six Million Nine Hundred and Thirty-Two Thousand Two Hundred and Twenty-Two U.S. Dollars ($26,932,222) will not be obligated under this agreement but will contribute to the Objective through other instruments.

(b) Total Estimated USAID Contribution. USAID's total estimated contribution to the achievement of the Objective will be Three Hundred Twenty-Seven Million Two Hundred Eighty-Two Thousand U.S Dollars ($327,282,000), which will be provided in increments. Subsequent increments will be subject to the availability of funds to USAID for this purpose and the mutual agreement of the Parties, at the time of each subsequent increment, to proceed. Each such incremental contribution provided, if any, shall cumulatively increase the total amount of the Grant set forth in Section 3.1 and consequently may increase the Grantee's contribution under Section 3.2. This estimated total contribution includes certain other obligations that have been or will be made directly by USAID to other implementers or through other instruments, as specified in Section 3.1(a) above and in the Illustrative Financial Plan attached hereto, and is a continuation of the program which started under SOAG No. 7.

(c) If at any time USAID determines that its contribution under Section 3.1(a) exceeds the amount which reasonably can be committed for achieving the Objective of this Agreement during the current or next U.S. fiscal year, USAID may, upon written notice to the Grantee, withdraw the excess amount, thereby reducing the amount of the Grant as set forth in Section 3.1(a). Actions taken pursuant to this subsection will not revise USAID's total estimated contribution set forth in 3.1(b).

(d) The Parties agree that USAID's contribution may be disbursed through mechanisms including grants, cooperative agreements and contracts with non-governmental organizations and private companies in order to carry out the activities described in Annex 1 of this Agreement or described in Implementation Letters issued in accordance with Section A.2 of Annex 2 of this Agreement. USAID agrees to notify the Grantee via Implementation Letters of any recipients of such funding and the Parties further agree that any such implementing partner carrying out activities in furtherance of the Objective shall receive all of the rights, privileges and other benefits set forth in this Agreement.

Section 3.2. **Grantee Contribution.**

(a) The Grantee agrees to provide or cause to be provided all funds, in addition to those provided by USAID and any other donor identified in Annex 1, and all other resources required to complete, on or before the Completion Date, all activities necessary to achieve the Objectives. The basis for determining the Grantee's contribution and the nature of the contribution will be further described in an Implementation Letter.

(b) The Grantee's contribution, based on USAID's contribution in Section 3.1(a), will not be less than the equivalent of one-third of the portion of the Grant that is used to support activities that directly benefit the Grantee or involves the direct and substantial involvement of the Government of Ghana in the administration, provided that such amount may be reduced with the written consent of USAID. The Grantee's contribution may include either cash or in-kind contributions or both. The dollar equivalent amount of the Grantee's contribution shall be set forth in an Implementation Letter and shall be subsequently included in the Illustrative Financial Plan included in Annex 1 of this Agreement. The amount of the Grantee's contribution shall be adjusted upon any increase in the amount of the Grant set forth in Section 3.1(a), in accordance with the formula described in the first sentence of this paragraph, and the precise amount of such adjustment shall be indicated in an Implementation Letter. The Grantee will report at least annually in a format to be agreed upon with USAID on its cash and in-kind contributions.

Article 4: Completion Date.

(a) The Completion Date, which is September 30, 2013, or such other date as the Parties may agree to in writing, is the date by which the Parties estimate that all the activities necessary to achieve the Objective will be completed.

(b) Except as USAID may otherwise agree to in writing, USAID will not issue or approve documentation that would authorize disbursement of the Grant for services performed or goods furnished after the Completion Date.

(c) Requests for disbursement, accompanied by necessary supporting documentation prescribed in Implementation Letters, are to be received by USAID no later than nine (9) months following the Completion Date, or such other period as USAID agrees to in writing before or after such period. After such period USAID, at any time or times, may give notice in writing to the Grantee and reduce the amount of the Grant by all or any part thereof for which requests for disbursement, accompanied by necessary supporting documentation prescribed in Implementation Letters, were not received before the expiration of such period.

Article 5: Conditions Precedent to Disbursement.

Section 5.1. Disbursement. Prior to the disbursement under the Grant, or to the issuance by USAID of documentation pursuant to which disbursement will be made, the Grantee will, except as the Parties may otherwise agree in writing, furnish to USAID in form and substance satisfactory to USAID:

(a) An opinion of counsel acceptable to USAID that (i) this Agreement has been duly authorized or ratified by, and executed on behalf of the Grantee, (ii) this Agreement constitutes a valid and legally binding obligation of the Grantee in accordance with all of

its terms, and (iii) all internal actions and approvals necessary to give effect to this Agreement have been obtained by or on behalf of the Grantee; and

(b) A signed statement in the name of the person holding or acting in the office of the Grantee specified in Section 7.2, which designates by name and title any additional representatives each of whom may act pursuant to Section 7.2.

Section 5.2. **Notification.** USAID will promptly notify the Grantee when USAID has determined that a condition precedent has been met.

Section 5.3. **Terminal Dates for Conditions Precedent.** The terminal date for meeting the conditions specified in Section 5.1 is sixty (60) days from the date of this Agreement or such later date as USAID may agree to in writing before or after the above terminal date. If the conditions precedent in Section 5.1 have not been met by the above terminal date, USAID, at any time, may terminate this Agreement by written notice to the Grantee.

Article 6: **Special Covenants.** The Parties agree to carry out the terms of the following special covenants:

Section 6.1 **Permits and Other Approvals and Authorizations.**

The Grantee, in conjunction with the appropriate Government of Ghana ministries and offices, hereby covenants and agrees to issue, renew and/or extend free of charge and in a timely manner all official permits, visas, exemptions and any other permissions (including all approvals as may be required from time to time to ensure full access to information, project sites and relevant offices) for the Applicable Persons (as defined below) carrying out activities financed by USAID under this Agreement (collectively, the "Required Documents"). For purposes of this provision, Applicable Persons is defined as: (1) employees and consultants of any contractors, grantees and other organizations carrying out activities financed by USAID under this Agreement and (b) members of such employees' and consultants' households. Any renewals or extensions of such Required Documents that are required, or become required, in order for such employees, consultants and dependent family members to legally reside in Ghana and undertake the activities contemplated by and financed under this Agreement shall also be issued free of charge.

Section 6.2 **Monitoring and Evaluation.**

Except as the Parties otherwise stipulate in writing, the Parties agree that:

(a) USAID and its implementing partners will systematically monitor and report progress on performance indicators during the Agreement period (illustrative indicators are described in Annex 1);

(b) The strategy baseline survey conducted by USAID at the beginning of this Agreement will serve as a baseline for measuring progress under this Agreement;

(c) Funds available under this Agreement may be used for monitoring and evaluation purposes (such costs are part of the "Management Support Costs" indicated in the Illustrative Financial Plan); and

(d) The Grantee, through the Ministry of Health, will ensure that public sector agencies associated with the Agreement undertake reasonable efforts to produce and/or obtain and provide to USAID all data needed to measure performance of activities under this Agreement.

Article 7: Miscellaneous.

Section 7.1. **Communications.** Any notice, request, document, or other communication submitted by either Party to the other under this Agreement will be in writing or by telegram, telefax, cable or electronic mail ("e-mail"), and will be deemed duly given or sent when delivered to such Party at the following address:

To USAID:
Mail Address:
Mission Director
United States Agency for International Development
No. 24 Fourth Circular Rd.
P.O. Box GP 194 ACCRA
Cantonments, Accra, Ghana

E-mail: chanderson@usaid.gov
Alternate address for cables:
Telefax: (233)302 741-365

To the Grantee:
Mail Address:
Minister
Ministry of Finance and Economic Planning
P.O. Box M.40
Accra, Ghana

E-mail:
Alternate address for cables:
Telefax: (233)21-666556

All such communications will be in English, unless the Parties otherwise agree in writing. Other addresses may be substituted for the above upon the giving of notice.

Section 7.2. **Representatives.** For all purposes relevant to this Agreement, the Grantee will be represented by the individual holding or acting in the Ministry of Finance and Economic Planning, and USAID will be represented by the individual holding or acting in the Office of the Director at USAID/Ghana, each of whom, by written notice, may designate additional representatives for all implementation actions as specified under Annex 1. The names and titles of the additional representatives of the Grantee, with specimen signatures, will be provided pursuant to Section 5.1(b) to USAID, which may accept as duly authorized any instrument signed by such additional representatives (or any individuals subsequent holding or acting in the office of such representatives) in accordance with this Section 7.2, until receipt of written notice of revocation of their authority.

Section 7.3. **Standard Provisions Annex.** A "Standard Provisions Annex" (Annex 2) is attached to and forms part of this Agreement.

Section 7.4. **Language of Agreement.** This Agreement was prepared only in English.

IN WITNESS WHEREOF, the United States of America and the Grantee, each acting through its duly authorized representatives, have caused this Agreement to be signed in their names and delivered as of the day and year first above written.

UNITED STATES OF AMERICA

Cheryl Anderson
Mission Director
United States Agency for International Development

Date: 28 Sept 2010

REPUBLIC OF GHANA

Minister/Designate
Ministry of Finance and Economic Planning

Date: 28.09.10

Annex 1 to Assistance Agreement: Investing in People - Health
Amplified Description

I. Introduction.

This annex describes the activities to be undertaken and the progress and achievements to be made with the funds obligated under this Agreement. Nothing in this Annex 1 shall be construed as amending any of the definitions or terms of the Agreement.

II. Background.

As a key element of the collaboration between the Government of Ghana and the United States Government, USAID/Ghana receives funding to support the delivery of family planning, maternal and child health, nutrition, HIV/AIDS, malaria, and tuberculosis (TB), and other health services and programs, such as water and sanitation, and neglected tropical and other diseases. In forging a coherent program for USAID's contributions to health status in Ghana over the next four years, USAID/Ghana followed a systematic process to assess how its program could best contribute to Ghana's priorities in combating mortality and morbidity, and help the Government of Ghana address structural and management problems that hinder effective use and impact of the funding available for health service delivery. There is a robust health sector dialogue among all parties in Ghana, especially at the semi-annual Health Summits and monthly meetings of the Health and HIV/AIDS Development Partners Sector group. Building on this dialogue, and in close consultation with a range of government counterparts and USAID/Washington experts, USAID/Ghana identified priorities, weighed them against potential impact, USAID comparative advantages and experience, and cost. The result of this process is the Health Program described below.

1. **Statement of Program Objective**
   The goal of the USG Health Program is Improved Health Status.
   Seven (7) Program Elements are incorporated under this area in the strategic framework to facilitate achievement of this program area and the overall USAID/Ghana program objective of "Investing in People":
   - HIV/AIDS
   - Tuberculosis
   - Malaria
   - Maternal and Child Health
   - Family Planning and Reproductive Health
   - Water Supply and Sanitation
   - Nutrition

   The Education Program Area is also included in this Agreement to strengthen the capacity of the Ghanaian teaching institutions to train a multi-disciplinary healthcare and health-associated workforce in Ghana, with a focus on enhancing the response to HIV/AIDS. There is one (1) Program Element incorporated under this area:

   - Higher Education

To support achievement in these areas, the United States Government places priority on strengthening health systems to improve the performance and sustainability of health programs

and services. This will help Ghana attain a healthy, productive population and achieve its Millennium Development Goals.

2. Development Context

Health Status

Health status in Ghana has improved in recent decades; however, many health challenges remain. Life expectancy is 59 years. With a population growth rate of 2.3%, the population will grow by 10 million, from approximately 23 million today to 33 million in 2025, challenging Ghana's attempts to improve health, education and other services and improve the well-being of its people and its environment. Ghana also has a young age structure, with children under 15 years of age comprising about 40% of its population.

Infant and Under-Five mortality: Infant and under five mortality rates have dramatically improved in the past five years. Infant mortality declined 22% between 2003 and 2008, while mortality in children under-five was reduced by 31% (2008 Ghana Demographic and Health Survey.) Despite these impressive gains, infant and under-five mortality are still unacceptably high in Ghana, especially considering the economic progress that Ghana has experienced over the past decade. If Ghana is to achieve Millennium Development Goal 4 of reducing under-five mortality by two thirds from 1990 to 2015, utilization and quality of key maternal, newborn and child health (MNCH) services including skilled attendance at birth, postpartum care, prevention and prompt treatment of childhood illness all need to be improved. More than 100,000 Ghanaian children under five die each year, accounting for more than half of all deaths in Ghana. As some causes of infant and child mortality have decreased in importance, the proportion of neonatal deaths is increasing, representing 60% of infant mortality. Other child killers include malaria, diarrhea, pneumonia and measles.

Maternal Mortality: A large-scale maternal health survey published in 2009 provided the first reliable baseline figure for maternal mortality - 451 maternal deaths per 100,000 live births. This rate shows that Ghana still has far to go in achieving Millennium Development Goal 5, reducing the rate of maternal death by three quarters from 1990 to 2015. Some clear progress has been made, for instance the proportion of women with skilled attendance at delivery rose from 47% in 2003 to 59% in 2008, increasing the likelihood that any complications could be promptly and properly managed. However there are multiple contributing factors to the high maternal mortality ratio, including lack of access to comprehensive emergency obstetric care, unsafe abortions and poor quality post-abortion care, and low use of contraceptives to prevent unintended pregnancies.

Family Planning: The Total Fertility Rate (TFR) is 4.0, with sharp variations by region, while only 17% of married women use modern methods of contraception (2008 DHS). The discrepancy between the TFR and low level of contraceptive use is partly due to a high abortion rate. Many of these abortions in Ghana are unsafe and contribute to high maternal mortality and morbidity. Although knowledge of contraception is high, women continue to have more children than they desire and unmet need for contraception is among the highest in the world, at 35% of married women. About 22% of women would like to space their next birth by at least two years, and 13% would prefer not to have any more children. Although unmet need for family planning is higher in rural areas (37.6%), it is also high in urban areas (32.3%).

HIV/AIDS: With an HIV prevalence of 1.9% (UNAIDS, 2008), HIV transmission in Ghana is concentrated among persons who engage in high-risk behaviors, particularly female sex workers (FSW) and their clients and partners, and men who have sex with men (MSM). Evidence suggests a reduction of HIV infection in the general population, yet HIV infection seems to be

increasing in at-risk populations. According to the National AIDS Control Program, new infections are currently at about 24,000 per year. About half of MSM report that they have sex with both men and women, and FSWs report high condom use with clients but not with non-paying partners or boyfriends, providing substantial opportunity for the "bridging" of HIV transmission to the general population. Experience with sex worker interventions suggests that many additional women engage in informal transactional sex, often in settings like bars. Sex workers and MSM face high levels of stigma and discrimination as do HIV positive people.

Health Sector Structure, Reforms and Issues

The Government of Ghana (GOG) has established clear distinctions between the Ministry of Health (MOH), which is in charge of developing policy, governance and oversight of the sector and the Ghana Health Service (GHS), which is charged with public sector service delivery. In 1997, the MOH launched a sector-wide reform, closely aligned with the Ghana Poverty Reduction Strategy, to de-centralize decision-making authority for health services through the regions to the district level. According to the Ghana Health Service Five-Year Strategic Framework for Service Delivery 2007-2011, as a decentralized, independent agency, it has greater management flexibility to carry out its responsibilities; Regional and District Health Management Teams have the flexibility to plan, implement, monitor, and coordinate service delivery, allowing them to be responsive to local needs and conditions. The creation of district Budget Management Centers permits districts to allocate and manage their own resources.

At the same time, the GHS has implemented the Community-Based Health Planning and Services Initiative to extend services to underserved communities and the High Impact Rapid Delivery strategy to focus on the rapid delivery of an expanded package of maternal and child health proven interventions to help reduce maternal and child mortality and morbidity.

To provide health services, it is critical to have qualified health personnel available across Ghana. This requires steady production, deployment and retention of the different categories of health staff. Distribution of higher levels of health staff is a particular challenge, with a great concentration of highly qualified staff in the Accra and Kumasi greater metro areas but very few doctors or midwives, and no specialists, in the more remote areas of Ghana. The Government of Ghana has three faculties of medicine and multiple schools of midwifery, nursing and allied health services, but all suffer from overcrowding, a paucity of hands-on, practical training, and inadequate linkages with the health system that is expected to absorb their graduates effectively.

In 2003, Ghana passed a national health insurance law that launched an innovative health financing approach, the National Health Insurance Scheme, utilizing 2.5% of VAT revenues, payroll taxes, and income-adjusted premiums. By the end of 2007, there were a total of 145 District Mutual Health Insurance Schemes (DMHIS) providing insurance for over 50% of Ghanaians. More recent changes have included free enrollment for all children under 18 years and all pregnant women through delivery and post-natal care. Billing problems and delayed reimbursements from the DMHISs have presented cash flow challenges to health providers; these and other problems will need to be resolved before the growth of the NHIS will have a positive impact on health indicators.

Other important public sector actors in health are: government regulatory bodies such as the Food and Drugs Board and professional councils (e.g., the nursing and midwifery council), and the Christian Health Association of Ghana quasi-governmental facilities that operate in close collaboration with the GHS. For their health care, Ghanaians rely on an array of private sector providers: pharmacies and chemical sellers, traditional healers and traditional birth attendants, and private medical providers such as midwives and physicians. At the community level,

mothers and families and their behaviors are affected by mass media and their local networks of family, friends and acquaintances, in their churches, political leaders and local political institutions, civil society organizations, NGOs, and others. Primary and secondary schools as well as other governmental ministries and institutions can also affect health behavior and outcomes.

Other Issues

Urban Issues
Approximately 48% of Ghana's population is urban and almost half of the more than 8 million urban residents live in the country's two largest urban areas, the Greater Accra Region and Kumasi. All evidence indicates that these percentages and numbers are increasing and that soon over half of Ghana's population will live in urban areas. This urbanization is coupled with growth in the urban poor, along with evidence of high and increasing levels of infant, child, and potentially maternal mortality among this sub-population. The urban setting involves a number of challenges:

- Identifying and finding the urban poor;
- Defining and mobilizing "communities" to the extent that they exist;
- Engaging multiple government agencies that have responsibility for providing urban services;
- Linking the poor with quality service delivery, which often includes formal and informal providers and many from the private sector;
- Relating urban health services, including the private providers, with the NHIS;
- Determining appropriate roles for the local private sector, e.g., pharmacists and small shop owners, to promote key products, services, and behaviors.

Gender Issues
Women's lack of empowerment and, often, financial dependency in decision-making affect behaviors in the home that affect health (e.g., choice of food, use of family planning), and use of health services. Although maternal and child health services are oriented towards women as consumers, they may not always be responsive to their needs, for example, in terms of hours and privacy. These programs rarely treat women as important agents of their own and their children's health and as participants in ensuring that health service are effective. Experience in health programming worldwide has demonstrated that men want to be empowered with information on health so that they know the importance of healthy behaviors and prompt attention to health problems and preventive care. In short, to be effective, health service programs must both be sensitive to gender roles and seek to empower all Ghanaians to improve their own health and their health services.

3. Government of Ghana Priorities

The USG and the Government of Ghana agree that high-quality health services and practices are essential for Ghana's progression towards middle-income status and its achievement of its Millennium Development Goals. Improved health status has a significant positive impact on economic development, education, productivity, and political stability. In line with Ghana's national vision of attaining middle income status by 2020, the Ghana Ministry of Health's Five-Year Program of Work (POW) for the health sector, spanning 2007-2011, aims to contribute to this task by creating *"Wealth through Health."* POW Strategic Objectives include:

1. **Promote individual lifestyle and behavioral models for improving health and vitality** by emphasizing healthy lifestyles, adequate and appropriate nutrition, and health promotion, improving occupational and environmental health and safety through inter-sectoral action, and assuring food safety.

2. **To scale-up high impact health, reproductive, and sexual health and nutrition interventions and services targeting the poor, disadvantaged, and vulnerable groups** through control of communicable and non-communicable diseases, expanding coverage of and ensuring access to quality sexual and reproductive health services, improving child health, particularly in poor families, significantly reducing infant and child mortality rates, and improving nutritional status. Improvements in the areas of mental health, emergency preparedness and response, including obstetric emergencies, clinical care, medical rehabilitation, and integration of traditional and alternative medicine are also targeted under this objective.

3. **Strengthen health system capacity to expand, manage, and sustain high coverage of services** through a focus on the development and management of human resources and infrastructure, health information for management, supply chain management, transport, and health industry collaboration and development.

4. **Accelerate the achievement of results through improved governance and sustainable financing**, including organizational reforms and institutional development, improved and sustainable health financing and National Health Insurance planning, coverage, and management, partnership coordination and collaboration, performance management and accountability, effective regulation, and ensuring efficiency and equity in resource allocation and access.

As the current POW is nearing its end, the Ministry of Health is in the process of developing a new Medium-Term Development Plan, which will include input from the health sector coordination group, set new targets for priority health sector indicators, and cover the four-year span of the current administration.

III. Funding.

Financial Plan. The financial plan for the Program is set forth in the attached table. Changes may be made to the financial plan by representatives of the Parties without formal amendment to the Agreement, if such changes do not cause (1) USAID's contribution to exceed the amount specified in Section 3.1 of the Agreement, or (2) the Grantee's contribution to be less than the amount specified in Section 3.2 of the Agreement.

Investing in People: Health, Illustrative Financial Plan FY 2010

CATEGORY	PREVIOUS OBLIGATION	OBLIGATION THIS AMENDMENT									TOTAL THIS AMENDMENT	TOTAL OBLIGATION TO DATE	PLANNED FUTURE OBLIGATION	TOTAL PROGRAM FUNDING AVAILABLE
		GHAI	HIV/AIDS	Tuber-culosis	Malaria	Maternal and Child Health	Nutrition	Family Planning & Reprod. Health	Water & Sanitation	Higher Education			FY 2011+2012	
USAID/Ghana Implemented Programs	97,665,132	12,120,396	4,341,727	-	8,999,900	4,129,300	851,700	7,032,000	4,690,000	1,374,806	43,539,829	141,204,961	35,935,171	177,140,132
GOG Implemented Programs	1,990,000	200,000				100,000	50,000	-			350,000	2,640,000	13,200,000	15,790,000
USAID/Ghana Program Support	10,341,956	-	845,571	-	355,692	157,232	348,300	259,532	305,766		2,272,093	12,641,049	8,259,204	21,854,061
SUBTOTAL USAID/GHANA OBLIGATION	109,997,088	12,320,396	5,187,298	-	9,355,592	4,386,532	1,250,000	7,291,532	4,995,766	1,374,806	46,161,922	156,159,010	57,394,375	210,064,193
USAID/Washington Managed	36,051,865	4,449,750		600,000	4,602,472	105,000	800,000	2,500,000	-		13,057,222	49,109,087	3,805,970	52,282,807
COMMODITIES (2)	29,835,000	-	300,000	-	10,925,000	-	450,000	2,200,000	-		13,875,000	43,710,000	22,565,000	66,935,000
SUBTOTAL USAID/WASHINGTON OBLIGATION (3)	65,886,865	4,449,750	300,000	600,000	15,527,472	105,000	1,250,000	4,700,000	-		26,932,222	92,819,087	26,370,970	117,217,807
GRAND TOTAL USG CONTRIBUTION	175,883,953	16,770,146	5,487,298	600,000	24,883,064	4,491,532	2,500,000	11,991,532	4,995,766	1,374,806	73,094,144	248,978,097	83,765,345	327,282,000

1) *Technical Assistance is provided to implementing partners who use funds for: technical support, training, commodities and sub-grants*
2) *Commodities include contraceptives, Insecticide Treated Nets, Pharmaceuticals, Medical equipment and supplies, and Insecticides for Indoor Residual Spraying*
3) *Funds obligated in Washington for programs or commodities in Ghana*
4) *HIV/AIDS/GHAI funding includes funds distributed through other USG agencies including CDC, DoD, Peace Corps*

IV. Program Elements, Program Sub-Elements and Indicators.

HEALTH

Program Element	Sub-Elements
HIV/AIDS	• Preventing Mother-to-Child Transmission • Sexual Prevention, Abstinence/Be Faithful • Sexual Prevention – Other Sexual Prevention • Adult Care and Support • TB/HIV • Orphans and Vulnerable Children • Counseling and Testing • Treatment/Adult Services • Health System Strengthening • Strategic Information • Pediatric Care and Support • Treatment/Pediatric Treatment
Tuberculosis	• Directly Observed Therapy, Short Course (DOTS) Expansion and Enhancement • Improve Management of TB/HIV • Health Governance and Finance (TB)
Malaria	• Treatment with Artemisinin-Based Combination Therapies (ACT) • Insecticide-Treated Nets (ITNs) to Prevent Malaria • Indoor Residual Spraying (IRS) to Prevent Malaria • Intermittent Preventive Treatment (IPT) of Pregnant Women • Host Country Strategic Information Capacity (Malaria)
Maternal and Child Health	• Birth Preparedness and Maternity Services • Treatment of Obstetric Complications and Disabilities • Newborn Care and Treatment • Other immunizations • Treatment of Child Illness • Household Level Water, Sanitation, Hygiene, and Environment • Health Governance and Finance (MCH) • Host Country Strategic Information Capacity (MCH)
Family Planning & Reproductive Health	• Service Delivery • Communication (FP) • Policy Analysis and System Strengthening • Health Governance and Finance (FP) • Host Country Strategic Information Capacity (FP)
Water Supply & Sanitation	• Safe Water Access • Basic Sanitation • Water and Sanitation Policy and Governance • Sustainable Financing for Water and Sanitation Services • Water Resources Productivity • Science and Technology Cooperation • Host Country Strategic Information Capacity (Water)
Nutrition	• Individual Prevention Programs

	• Population-based Nutrition Service Delivery (including micronutrient supplementation) • Nutrition Enabling Environment and Capacity

EDUCATION

Program Element	Sub-Elements
HIGHER EDUCATION	• Institutional Capacity Development • Engaging Higher Education Institutions in Development

Health Status Improved

All of the above program elements, their activities and objectives, and interim program indicators contribute to achievement of the overall Program Area Objective of *Health Status Improved*, and will together be reflected in the following overarching indicators of program impact:

Key Impact Indicators:

- Decreased infant mortality rate in the focus regions;
- Decreased under-five mortality rate in the focus regions;
- Percent of children under five who are underweight (moderate or severe) in focus regions;
- Decreased numbers of maternal deaths in focus regions;
- Increased contraceptive prevalence rate in focus regions;
- Reduced malaria deaths at the national level;
- Reduced HIV/AIDS incidence (at the national level).

HIV/AIDS

The Government of Ghana is engaged in a multi-faceted effort to reduce the spread of HIV and provide high quality services to those infected. A key partner in this effort is the US Government (USG), operating in part through USAID/Ghana. The USG's strategic priorities for Ghana are the prevention of HIV in persons engaged in high risk behaviors, protecting the general population by reducing HIV transmission from most-at-risk populations (MARP) to the general population, and providing comprehensive prevention, treatment, care and support for those infected, their partners and their families. The long-term USG goal is to reduce the number of new HIV infections. Based on prevalence, high concentration of most-at-risk groups, and presence of other donor activities, the USG team concentrates its efforts in 30 of Ghana's 165 districts and coordinates and supports the implementation of both the clinical and prevention program financed by the Global Fund. While prevention, treatment, and care and support services have expanded, they are still not adequate to address the need, encounter continuing issues with quality, and are underutilized. USG/USAID initiatives are intended to address these issues.

Key Program Indicators:

- Number of Most-At-Risk Group members reached with Behavior Change Communication (BCC) messages;
- Number of infected individuals on Antiretrovirals (ARVs)at USG-supported sites:
- Number of additional infants on ARVs at USG-supported sites:
- Number of People living with HIV/AIDS (PLHIV) receiving TB treatment;
- Number of health staff trained in stigma reduction.

Tuberculosis (TB)
TB control is integrated into the Ghana Health Services (GHS) structure at all levels of care, and the PPP DOTS program is part of the integrated essential health package in all health facilities. The overall objective of the Ghana National Tuberculosis Program (NTP) is to achieve international targets to detect at least 70% of Smear Sputum positive cases and halve TB deaths by 2015, aligning with USG and WHO/STOP TB strategies, targets, and priorities. With modest but consistent funding for TB programs, the Health Program will assist the National TB Program to assess its policies and operations and take appropriate corrective actions to improve case finding, support prompt initiation and completion of treatment for individuals with TB, and perform improved monitoring and surveillance. Linkages between management of TB cases with management of HIV cases will also be strengthened.

Key Program Indicators:
- Case notification rate in new sputum smear positive pulmonary TB cases per 100,000 population in USG-supported areas;
- Case treatment success rate for TB;
- Percent of all registered TB patients who are tested for HIV through USG-supported programs.

Malaria
To assure coverage of priority malaria interventions, the Health Program supports improvements in access, quality and use of prevention measures. Preventive measures include provision of long-lasting insecticide treated nets (LLINs), Indoor Residual Spraying (IRS), Intermittent Presumptive Treatment in Pregnant Women (IPTp), and testing and potential roll-out of Intermittent Preventive Treatment of Infants (IPTi). For treatment of malaria, the focus will be on case management, including prompt, accurate diagnosis and treatment with appropriate medications.

Key Program Indicators:
- Percent of households that own a long-lasting insecticide-treated net (LLIN);
- Percent of pregnant women that slept under an LLIN the previous night;
- Percent of pregnant women who have received two or more doses of sulfadoxine-pyrimethamine (SP) for Intermittent Preventive Treatment for Pregnant Women (IPTp) during their pregnancy;
- Percent of children under five with suspected malaria that have received treatment with an ACT within 24 hours of the onset of symptoms.

Maternal, Newborn and Child Health (MNCH)
Under this Agreement, USAID/Ghana supports a balanced approach to improve MNCH behaviors and services. These include support for quality improvement in specific maternal and child health services during pregnancy, delivery, and the postnatal period; community outreach and engagement on the importance of using these health services; provision of necessary equipment or modest upgrades to MNCH-centered service delivery areas; and supportive supervision and other aspects of quality assurance for these programs. Maternal and Child health efforts will address urban as well as rural challenges in safe motherhood and infant and child survival in the Greater Accra, Central, and Western regions, encompassing approximately one third of the total population. As part of a cross-cutting approach, leadership and management of MNCH program approaches will be strengthened in these regions. In order to complement water and sanitation activities, behavior change communications will be designed and conducted to

improve knowledge, attitude, practices, and behaviors of communities and individuals related to hygiene issues including hand washing, consistent use, cleanliness and maintenance of sanitation facilities, and protection of potable water sources.

Key Program Indicators:

- Percent of births attended by trained personnel in USG-assisted programs;
- Percent of newborns receiving essential newborn care through USG-supported programs;
- Number of children under 12 months of age who received DPT3 (Penta 3) from USG-supported programs;
- Number of people that have seen or heard a specific USG-supported MCH message.

Family Planning and Reproductive Health

To address the large disparity between desire to avoid pregnancy and actual use of effective family planning (FP) methods, the Government of Ghana has revitalized its family planning efforts in both the public and private sectors. USAID/Ghana funds will support behavior change communications, intensive quality improvement programs, training, and supportive supervision to service providers to improve their counseling and clinical skills related to family planning. Quality assurance will focus on improving services to provide long-term methods. In a systems strengthening approach that cuts across the different health program elements, leadership and management and other health systems will be strengthened through the use of performance-based grants to district and regional teams. At the same time the USG will increase its contribution to the national contraceptive supply for both public sector and social marketing programs and address logistics challenges to reduce stock-outs of methods at end-line facilities. Social marketing campaigns for FP products will be supported on a nationwide basis.

Key Program Indicators:

- Couple years of protection (CYP) in USG-supported programs;
- Number of people that have seen or heard a specific USG-supported FP/RH message;
- Number of USG-assisted service delivery points providing FP counseling or services;

Water Supply and Sanitation

USAID/Ghana will expand access to potable water through drilling of boreholes and the social marketing of water purification tablets (e.g., Aquatabs), and expand access to improved sanitation for poor households. In addition, through appropriate marketing and education campaigns and materials as well as community engagement and mobilization, the Health Program will support effective use of potable water sources and sanitation facilities and hygiene behaviors such as frequent hand washing.

Key Program Indicators:

- Number of households in target areas with access to potable water (borehole or pipe) as a result of USG assistance;
- Number of households in target areas with access to improved sanitation facilities (pit latrine) as a result of USG assistance;
- Number of people reached with BCC messages on hygiene;
- Liters of drinking water disinfected with USG-supported point-of-use treatment product;
- Number of active health top-up vendors distributing water purification and hygiene commodities.

Nutrition

USG support will improve household nutritional behaviors and practices through a combination of approaches, including behavior change communication, and improving the skills of nurses to deliver key nutrition messages to their clients. USG programs will improve the skills of health care providers, community outreach workers, mother support groups, and community health workers to provide quality nutrition services for mothers and children under two years of age. USG funding will also support community-based management of acute malnutrition (CMAM) and build capacity for local production of ready-to-use therapeutic food (RUTF) with high levels of quality assurance to improve access to therapeutic foods for treatment of severely malnourished children. In order to support the CMAM program, USG funding will be used to procure ready-to-use food for use in selected regions.

Key Program Indicators:

- Percentage of infants of six-nine months of age receiving appropriate complementary feeding;
- Number of people reached by USG-supported nutrition programs;
- Number of children under five years of age who received Vitamin A from USG-supported programs;
- Number of people that have seen or heard a specific USG-supported nutrition message;
- Number of USG-assisted service delivery points providing nutrition counseling or services.

Higher Education

USG support will strengthen the capacity of the Ghanaian teaching institutions to train a multi-disciplinary healthcare and health-associated workforce in Ghana, with a focus on enhancing the response to HIV/AIDS. Funding in this element will support HIV/AIDS objectives in the long-term.

Key Program Indicators:

- Number of existing courses enhanced with HIV/AIDS content
- Number of University of Ghana Departments with improved faculty expertise
- Number of on line courses regarding HIV/AIDS developed
- Number of in-service trainings conducted by the partnership

Program Management

Funding associated with the Health program area will cover the costs of USAID personnel providing program management and project oversight and of various program and administrative staff. Funds will also contribute to unanticipated program costs, as well as program evaluation and training costs.

V. Activities/Activity Selection.

Behavior Change Support Project (BCS)

The Ghana Behavior Change Support Project (BCS) partners closely with the Ministry of Health (MOH) and Ghana Health Services (GHS) to strengthen and improve behavior change communication support to specific health interventions and to increase demand and use of services and products towards the achievement of its health and heath-related Millennium Development Goal (MDG) targets. This project supports sustained and coherent behavior change communications (BCC), including support for BCC capacity development, behavior change activities, social mobilization activities, and community-based distribution programs. It aims to foster positive health practices in households and communities and support changes in cultural

norms that will reinforce and maintain these practices by increasing demand and use of services and products towards the achievement of its health and heath-related Millennium Development Goal (MDG) targets through sustained and coherent BCC interventions in the areas of reproductive health and family planning, maternal, newborn, and child health, malaria, HIV/AIDS, TB and other infectious diseases, and water, sanitation and hygiene. Activities will include roll-out of a comprehensive campaign including mass media, advocacy and community events to increase understanding and interest in these areas. Social mobilization and community-based distribution programs will mainly be carried out by local non-governmental associations, as well as community organizations with some technical support from district health management teams.

Central Contraceptive Procurement
This is a mechanism that allows USAID to pool resources for contraceptive commodities using multiple contracts with different vendors. USAID/Ghana funds are allocated for purchase and shipment of contraceptives according to procurement plans developed in-country in collaboration with the Government of Ghana and other partners.

DELIVER II
DELIVER is an ongoing mechanism used to improve the availability of essential health supplies in public and private services by strengthening country supply chains systems and improving the USG's provision of commodities to country programs. DELIVER collaborates with the Government of Ghana to develop and strengthen sustainable supply systems for affordable, quality essential health supplies to benefit the target population of children under five and pregnant women. DELIVER will continue to support improvements in commodity security by assisting the GOG and its partners to train government workers in integrated supply chain management, reinforce skills in forecasting and procurement planning, advocate for resources to implement a scheduled delivery system, and carry out supervision to improve staff performance in logistics management. Over the long-term, DELIVER will increase commodity availability, reduce stock-outs and improve service delivery at facilities nationwide.

Expanded Program on Immunization (EPI)
This activity directly supports the Ministry of Health's Expanded Program on Immunization (EPI) to ensure that services get to the hard-to-reach rural communities in Ghana by procuring cold chain equipment and logistics for health facilities in rural communities and strengthening the delivery of immunizations, including polio services. Over the long term, USG support will improve access to immunization services and help decrease the under-five mortality rate in Ghana.

Food and Nutrition Technical Assistance (FANTA II)
FANTA II will support the continued integration of community-based management of severe acute malnutrition (CMAM) services and supplies into the Ghana Health Service with a specific focus on strengthening competencies for quality CMAM services. It also aims at improving nutrition services to PLHIV, and developing a system that provides food by prescription to clinically malnourished people starting ART, including HIV positive mothers and children. It will work with the private sector and UNICEF Ghana to facilitate the start-up of local production of ready-to–use therapeutic food for the treatment of acute malnutrition and strengthen the Government of Ghana's nutrition policies and practices that support sustained, locally-led improvements in nutrition.

FOCUS Region Health Project

The Focus Region Health Project is a four-year project (2009-2013) that will strengthen access to, quality, and use of maternal, neonatal and child health care, family planning, malaria prevention and control, and other priority health services in three regions of Ghana – Central, Greater Accra, and Western Regions. It will also support improving clinical HIV-related services and linkages with MARP and PLHIV communities in five regions: Greater Accra, Eastern, Central, Western, and Ashanti. The project's vision is to support the goals of the Ministry of Health and the Ghana Health Service by strengthening Regional Health Directorates and District Health Management Teams in their continuing efforts to offer a comprehensive, well-managed service system that improves the health and well-being of women, children, men, and families at the community level. It will also improve health systems that support service delivery in the three regions, including leadership and management practices, quality assurance, logistics, information, human resource and financial management systems. A performance-based funding approach will be introduced as one way to improve overall performance of the district and regional teams in supporting quality family planning service delivery.

Grant Solicitation and Management
This project supports sub-grants to local NGOs registered in Ghana to deliver FP services. Specific activities of NGOs supported under this mechanism include community-based distribution of FP information and contraceptives, outreach to underserved populations to increase access to long-term and permanent methods of contraception, and support for importation, storage, distribution and promotion of short-term contraceptives to support NGO and private sector delivery of FP services and products. An anticipated total of five sub-grants to NGOs registered in Ghana will be supported under this mechanism, from May 2010 through August 2011.

Higher Education for Development (HED)
This partnership between the University of Ghana and a consortium of US Universities led by Brown University will strengthen the capacity of the Ghanaian teaching institutions to train a multi-disciplinary healthcare and health-associated workforce in Ghana, with a focus on enhancing the response to HIV/AIDS. Associated objectives of this partnership are to develop excellence in HIV/AIDS education and research, enhance post-qualification (in-service) training among health professionals at all levels through continuous education and distance learning regarding HIV/AIDS management, and to establish a Ghana Impact Center for HIV/AIDS education ad research by strengthening a twinning relationship between the College of Health Sciences and its US partners. The first phase of this partnership will be implemented from September 2010 through September 2012.

Improving Malaria Diagnostics (IMaD)
In collaboration with the National Malaria Control Program as well as other Presidential Malaria Initiative (PMI) and development partners, IMaD provides technical assistance for laboratory assessment, policy development, diagnostics, and implementation under PMI. It also aims to increase understanding, acceptance, and correct use of microscopy and Rapid Diagnostic Tests by laboratory staff and health care practitioners providing direct care to patients. Malaria treatment based on quality malaria diagnostics reduces morbidity and mortality as well as costs, and minimizes the risk of developing drug resistance.

Indoor Residual Spraying (IRS)
In collaboration with Ghana Health Services and with a focus on building local capacity, the IRS activity supports implementation of entomological assessment and monitoring, spray operations, behavior change communication activities and community mobilization, data collection, and procurement of IRS supplies, equipment, and insecticide, as well as logistics. Operations will

cover at least 900,000 people in 8 districts (maintaining coverage to the 6 districts covered in 2009 and adding 2 new districts) and cover 1.5 spray rounds.

Local Governance and Decentralization Program
USAID/Ghana will support a democracy and governance program which will strengthen the understanding, engagement and performance of local government bodies in health programs, including programs in maternal child health, nutrition, and water and sanitation activities in the Western Region of Ghana.

Maternal and Child Health Integrated Program
The project will use a competency-based approach to improve the skills of nurses and midwives in basic emergency obstetric and newborn care and the provision of family planning services during pre-service training. It will work with local partners to strengthen pre-service education at 14 midwifery schools to 1) improve the quality of PMTCT education and HIV, STI and AIDS care, and 2) to develop and strengthen practicum sites, one per school. It aims to expand key MNCH services, including the integration of the prevention of HIV and treatment of HIV/AIDS, into appropriate health care services. Particular emphasis will be placed on post-partum provision of family planning counseling and services. The relationship between pre-service training institutions and preceptor sites will also be strengthened, so that trainees gain practical skills and confidence in performing clinical aspects of service delivery as well as counseling of clients.

MEASURE Evaluation
MEASURE Evaluation will collect household level data on malaria indicators after three years of implementation of the President's Malaria Initiative. This major exercise will provide data comparable to the 2008 DHS malaria module, including anemia and parasitemia measurements.

Opportunities Industrialization Centers International (OICI)
OICI will provide scholarships for orphans and vulnerable children affected by HIV/AIDS.

The Peace Corps Small Project Assistance (SPA) Program
Through the SPA Program, Peace Corps Volunteers will assist local communities to develop and implement small community-initiated projects in such areas as health and sanitation, basic education, non-formal education with out-of-school youth, women's organizations and other disadvantaged groups, and activities related to agriculture, economic growth, the environment, and civic education and democracy-building.

Prevention Annual Program Statement (APS)
USAID has published a call for proposals with rolling deadlines for NGOs to apply to support prevention activities for Most At Risk Population (MARP) and People Living with HIV (PLHIV). It is expected that four to five grants will be issued and that each grantee will have four to six sub-grantees. Grantees will provide skills training to sub-grantees for prevention activities as well as strengthen their institutional base. The HIV/AIDS prevention interventions for MARP and PLHIV focus primarily on the following key health behaviors: 1) use condoms consistently and correctly; 2) use non-oil based lubricants properly; 3) get tested and know your result; 4) disclose your HIV status to regular partners; 5) promptly seek appropriate and effective treatment (including for STI); 6) adhere to treatment, including Antiretroviral Therapy, treatment of opportunistic infections and sexually transmitted infections; 7) reduce your number of multiple and concurrent sexual partners; 8) actively participate in program design and implementation; 9) eat healthfully; and 10) protect yourself against infectious diseases such as TB, malaria and diarrhea.

Project SEARCH
The objective of this activity is to reinforce efforts supporting research on MARP size estimation and mapping. It will improve prevention efforts throughout Ghana by answering key questions critical to effective prevention programming, e.g., understanding emerging epidemic drivers and the role of less-formal sex work and/or transactional sex work. In addition, formative studies might be carried out to improve program implementation. All efforts will focus on targeted formative research, with an emphasis on cost-effectiveness and promoting impact-driven programming.

Promoting Malaria Prevention and Treatment (ProMPT)
ProMPT is a President's Malaria Initiative (PMI) project working in collaboration with the National Malaria Control Program (NMCP) to scale-up malaria prevention and control in Ghana. ProMPT supports the PMI goal to reduce malaria mortality by 50% by reaching 85% of the most vulnerable groups – children under age five and pregnant women – with proven and effective prevention and treatment tools. To achieve this goal, ProMPT is working with Ghana's health care system and communities to strengthen and promote quality malaria diagnostic and treatment services, intermittent preventive treatment of malaria in pregnant women, long-lasting insecticide-treated net distribution and use, and collection and analysis of high-quality data. It will strengthen malaria case management including home-based care, implement sentinel site surveillance and support the national Monitoring and Evaluation strategy, implement a comprehensive Behavior Change Communication and Information, Education, and Communication strategy, strengthen NGO capacity in malaria control at the community level, and support National Malaria Control Program management and supervision.

Ghana Water, Sanitation, and Hygiene Project (GWASH)
The Ghana Water, Sanitation, and Hygiene project will construct a number of safe water supply and sanitation facilities for schools, clinics, and communities within the project area as well as engage in behavior change interventions. The project will liaise with the Behavior Change Support project in behavior change interventions addressing knowledge, attitudes, practices, and behaviors in water and sanitation. In the area of public-private partnership, the project will engage with Rotary International and possibly with Coca Cola to address water, sanitation, and hygiene issues.

Strengthening HIV/AIDS Response Partnerships through Evidence-based Results (SHARPER)
The objectives of the SHARPER project are to improve MARP and PLHIV's knowledge, attitudes and practice of key health behaviors, to increase utilization of quality HIV/AIDS related health services for MARP and PLHIV, and to strengthen human and institutional capacity of MARP and PLHIV program implementers and coordination bodies. Activities will take place in 30 districts with a concentration of MARP. The HIV/AIDS prevention interventions for MARP and PLHIV focus primarily on the following key health behaviors: 1) use condoms consistently and correctly; 2) use non-oil based lubricants properly; 3) get tested and know your result; 4) disclose your HIV status to regular partners; 5) promptly seek appropriate and effective treatment (including for STI); 6) adhere to treatment (including ART, OIs and STIs); 7) reduce your number of multiple and concurrent sexual partners; 8) actively participate in program design and implementation; 9) eat healthfully; and 10) protect yourself against infectious diseases such as TB, malaria and diarrhea.

Tuberculosis (TB) Control Assistance Program (TBCAP)
TBCAP is an ongoing program which provides support in TB prevention and control in a number of USAID-supported countries. TBCAP in Ghana focuses on the long-term goals of improving

TB case detection and reducing case fatality rates in USG-assisted areas. It provides technical assistance to the National TB Control Program (NTP), focusing on management systems, alignment of guidelines and policies with international standards, and supports the NTP's 5-year strategic plan, coordinating closely with the Global Fund TB grant activities. TBCAP aims to expand and enhance Directly-Observed Treatment/Short course (DOTS) by strengthening community-based treatment programs, improving TB and HIV program collaboration to increase the number of TB patients tested and counseled for HIV, and providing assistance to facilities at the community level to promote early access to TB treatment and care. Those targeted for training and assistance include NTP staff at all levels, health care providers in the public and private sectors, and individuals and communities affected by and infected with TB and TB/HIV.

United States Pharmacopeia Drug Quality and Information Program (USP-DQI)
USP-DQI provides support for strengthening national drug quality monitoring and enforcement capacity to assure the quality, safety, and efficacy of essential medicines in collaboration with the Ghana Foods & Drug Board (FDB). It aims to increase capacity for the detection of substandard imported medicines and counterfeits on the market, post-marketing surveillance, and regulatory oversight by the FDB. USP-DQI will provide technical support to strengthen the procedure for drug registration, assist the FDB to review its drug registration regulations, establish and implement quality control standards for anti-malarial drugs, strengthen the quality testing of anti-malarial drugs, and conduct training and refresher training for laboratory staff.

World Health Organization (WHO) Umbrella Grant
As part of the President's Malaria Initiative, this grant will provide support for pharmacovigilance systems.

VI. Roles and Responsibilities of the Parties.

The Program Area Objective will be achieved through a partnership between USAID, the Government of Ghana (represented primarily by the MOH and the Ghana Health Service), Ghanaian governmental agencies, regional, district and local authorities, communities, USAID-funded technical and implementation partners, and other development partners.

USAID/Ghana

USAID/Ghana will manage and monitor the planned activities in compliance with USAID regulations and procedures. Technical expertise within USAID to advise and direct these efforts will be funded under this Agreement. Additional expertise will be provided in the form of short-term assistance as needed and with the use of funds obligated under this Agreement. USAID will lead the selection of the primary implementing partners in collaboration with the Government of Ghana.

USAID/Ghana, acting primarily through its Health, Population, and Nutrition Office (HPNO), is responsible for the administration of the Agreement, including developing, managing, and monitoring appropriate activities and evaluating the program. USAID is responsible for arranging for the collection of baseline information and performance data, conducting annual accounting and financial management reviews of Assistance Agreement-funded activities, reporting to the MOH on USAID-managed program activities, and coordinating its activities with other partners in the health sector.

A portion of the funds obligated under this Agreement may be provided directly to the MOH, GHS and quasi-governmental (parastatal) health and allied institutions. The terms and conditions

that apply to such funding will be explained in separate Implementation Letters (IL). Such direct funding may, in certain cases, require that USAID first assess the operating unit's internal control and procurement systems to obtain reasonable assurance of its capability to implement such activities and account for the funds.

Government of Ghana

In 2007, the Government of Ghana and 17 international development partners developed the Ghana Joint Assistance Strategy to set out clear expectations and commitments to deliver effective aid, and a Harmonization Action Plan was developed in line with the Accra Agenda and the Paris Declaration on Aid Effectiveness.

The primary counterparts for the implementation of this Agreement are the Director General and Deputy Director General of Health of the Ghana Health Service. For the activities to be undertaken in the three focus regions, the Regional Health Directors will serve as counterparts and have day-to-day oversight.

For the major health program elements, the directors of the relevant units in the Ghana Health Service will be the principal counterparts: for FP/MNCH, the director of the Family Health Division; for Malaria, the manager of the National Malaria Control Program; for HIV/AIDS, the National AIDS Commission; for TB, the National TB Control program, for Water and Sanitation, the director of the Water Resources Commission. When other funding becomes available, the appropriate management agency in the GOG and the relevant director will be identified.

On an annual basis USAID/Ghana and the GHS will review all relevant work plans for USAID's partners implementing the activities under this Agreement. On a semi-annual basis, USAID/Ghana and the GHS will participate together in a systematic review of progress in achieving the results anticipated from this Agreement.

When possible, USAID will use the Government of Ghana's country systems for programs in support of activities managed by the public sector. If USAID chooses to use another option to rely on aid delivery mechanisms outside country systems, USAID will transparently state the rationale for this and review this position at regular intervals. When the use of country systems is not feasible, USAID along with other development partners will work with the Government of Ghana to establish additional safeguards and measures in ways that strengthen Ghana's country systems and procedures.

Portfolio review meetings for USAID/Ghana will be held once a year to review objectives, results and activities. Meetings are expected to include officials from Government of Ghana.

Other key collaborating ministries and agencies include the Ministries of Finance and Economic Planning, Agriculture, Information, and Employment and Social Welfare; U.S. based contractors and international and local non-governmental and private voluntary organizations.

Contractor, PVO and NGO Partners

USAID/Ghana, in coordination with MOH and GHS, will develop and, in some cases, continue agreements to fund technical implementation partners to provide resident and short-term technical assistance and financing for the achievement of the results and Program Area Objective outlined in this Agreement. These technical partners, in accordance with their agreements and the results and activities outlined in this Agreement, will work with their respective GHS counterparts and USAID to develop annual work plans and budgets. At the end of each year, the status of implementation of activities, progress towards anticipated results will be reviewed and problems

discussed and solutions identified. Corrective action as needed will be taken for the following year.

To the extent implementation of activities in support of this Agreement is undertaken through a grant or cooperative agreement, the obligation of the U.S. is to assist in efforts towards accomplishment of this program area and the agreed upon results. The implementing recipient will have substantial freedom to pursue its stated program. However, all reports written in fulfillment of such grants and cooperative agreements will be shared. All actions to be undertaken by USAID under this Agreement are subject to U.S. law and applicable rules and regulations.

USAID/Ghana will work with contractors, PVOs, and local NGOs to carry out specific activities leading to results under the Health program area. Competitive proposals from contractors, PVOs, and local NGOs will be reviewed according to how well they address various USAID/Ghana concerns, such as:

1) Focus on the Program Area results and performance indicators;
2) Cost-effectiveness;
3) Ability/plan to transfer capabilities and skills to Ghanaian clients, be they communities, local NGOs or the government;
4) Synergy within the Health Program Area and with other Program Objectives; and
5) Sustainability of activities and exit strategy.

USAID/Ghana will communicate regularly with contractors, PVOs, and NGOs to monitor implementation of their activities.

Other Development Partners

Coordination and collaboration among development partners, the MOH, and GHS is very active in Ghana. Under the unified health strategy, health development partners work with the MOH to harmonize programs and activities, ensure national health program coherence and effectiveness and optimal use of development partner resources, and jointly review and approve the MOH Annual Program of Work (POW) and support the MOH annual program reviews and health summit. USAID participates in a variety of coordinating mechanisms, including the Health Sector Coordination Group, the CCM, and specific technical committees and working groups.

USAID will work collaboratively with other development partners in order to promote donor implementation and coordination. Several bilateral and multilateral development agencies are active in providing support to health programs. During the course of the implementation of this Agreement, other development partners will be funding and implementing programs that will contribute to the attainment of this program area objective and results. USAID/Ghana is committed to the principles of the Paris Declaration and continuing the robust dialogue with all of the other development partners working in the health sector in Ghana so as to assure that its efforts are fully complementary and remain fully aligned with GOG priorities.

VII. Monitoring and Evaluation and Audits.

Monitoring and Evaluation

Overall, program monitoring and evaluation will be funded under this Agreement and will be the responsibility of the USAID team managing this assistance. Each contract, grant, cooperative

agreement, or implementation letter awarded under this Agreement will include a performance and monitoring plan that identifies indicators and targets. The USAID team managing this Agreement will review the data collected from implementing partners and the GOG for inclusion in that plan. Independent audits will be funded under each activity according to regulations set forth in the respective agreements with implementing partners.

Progress toward achieving the overall objective "Investing in People" and the goals within the Health Program Area will be measured against indicators such as those described in this Agreement. USAID, working with its implementing partners, will identify baseline data, and regularly monitor data on each indicator to track performance and make adjustments as needed. Specific performance measurements will be identified for achieving targets of each contracting mechanism and a monitoring and evaluation schedule will be set at the time of the award or in subsequent amendments to the agreement.

Audits

USAID and the Grantee agree that a portion of the funding provided under this Agreement may be used to pay for financing audits of the activities financed under the Agreement.

VIII. Other Implementation Issues.

Additional and future implementation details regarding activities under this Agreement will be made through the issuance of Implementation Letters. Typically, these Implementation Letters will detail implementation aspects such as notification of individual activities to be financed by USAID through grants, contracts, or cooperative agreements; the composition of management units; annual implementation plans; and the schedules and procedures for periodic reviews.

A portion of the funds obligated under this Agreement may be provided directly to the GOG. The terms and conditions that apply to such funding will be explained in separate Implementation Letters (IL). Such direct funding may, in certain cases, require that USAID first assess the operating unit's internal control and procurement systems to obtain reasonable assurance of its capability to implement such activities and account for the funds.

An Implementation Letter may be prepared by either USAID/Ghana or the Grantee and will be submitted to the other party to review and/or for concurrence.